

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2892

318

1003

Registrar's No. ....

233

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. ....   |  | REG. DIST. NO. ....   |  | PRIMARY REG. DIST. NO. ....   |  | Registrar's No. ....  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |  | c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis                             |  | 219   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital  |  |   |  | d. STREET ADDRESS (If rural, give location)<br>1916 a North Grand   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) Wulda  |  | b. (Middle) Rambo   |  | c. (Last) Persinger   |  |
| 5. SEX<br>F male   |  | 6. COLOR OR RACE<br>White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   |  | 8. DATE OF BIRTH<br>Oct. 23, 1908                                   |  |
| 9. AGE (In years last birthday)<br>41  |  | 10. UNDER 1 YEAR<br>Months 2 Days 13  |  | 11. BIRTHPLACE (State or foreign country)<br>Albany Missouri  |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 10a. USUAL OCCUPATION (Give kind of work and years of working life, even if retired)<br>Housewife  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>At Home  |  | 11. BIRTHPLACE (State or foreign country)<br>Albany Missouri  |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13a. FATHER'S NAME<br>Roy Rambo  |  | 13b. MOTHER'S MAIDEN NAME<br>L. S. Rambo  |  | 14. NAME OF HUSBAND OR WIFE<br>Harry Persinger  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>No.   |  | 16. SOCIAL SECURITY NO.<br>None   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Harry Persinger  |  | ADDRESS<br>1916 a N. Grand Blvd.                                    |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc.. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Chronic glomerulo-nephritis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Hypertension |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>years<br>years<br>years         |  |
| 19a. DATE OF OPERATION<br>31 Dec 1949  |  | 19b. MAJOR FINDINGS OF OPERATION<br>None - Exclusion operation.   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>592X   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from 15 Dec., 1949, to 6 Jan., 1950, that I last saw the deceased alive on 6 Jan., 1950, and that death occurred at 7:45 P. m., from the causes and on the date stated above.  |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br>Herbert L. Eisen, M.D., Resident in Surgery  |  | 23b. ADDRESS<br>216 S. Kingshighway, St. Louis, Mo.   |  | 23c. DATE SIGNED<br>9 Jan. 50   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>Jan. 10 '50  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Missouri |  |
| DATE REC'D BY LOCAL REG.<br>JAN 10 1950  |  | REGISTRAR'S SIGNATURE<br>[Signature]  |  | FURNERAL DIRECTOR'S SIGNATURE<br>[Signature]  |  | ADDRESS<br>1519 S. Grand Blvd                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.